						LTH — STAND	ARD CERT	IFICATE O	F DEATH	-	-62-04	6923
DEP A		NT O MENDEI			HEALTH AND WEI	L FARE 149 Print	nary Registration Dis	strict No. 100	Registrar's No.	624	STATE FILE N	UMBER
ON THIS STUB		MENDE	, 	1.	PLACE OF DEATH a. COUNTY	6 1962			STATE	h COUNTY	lived. If institution:	Residence before admission)
VS 300 Rev. 4/59	띨				Jac.	k son porate limits, give TOWNS	SHIP only) Le	ength of stay in 1b	c. CITY	souri	Jackson	Inside Limits
	AMENDED				OR TOWN	as City		0 years] OR	nsas City	•	Yes ₩ No □
1		1 1		_	c. FULL NAME OF (If N HOSPITAL OR	OT in hospital, give locat	tion)	Inside Limits	d. STREET ADDRESS	(If cutsi	de, give location)	Reside on Farm
23878	DATE	+ +		_	INSTITUTION 640	04 Woodland	<u>d Avenue</u>	Yes 🗓 No 🗆		404 Woodl	and Avenue	Yes No X
3		7-1	1	3	NAME OF DECEASED (Type or print)	First	Mid	dle	Last	4. DATE OF	Month Day	Year
4						JOSEPH		EROY	HALL	OF DEATH Dec	. 7, 1962	D. JE IMIOED OA HB
- 0				5		6. COLOR OR RACE	7. Married XX Widowed	Never Married Divorced	8. DATE OF BIRTH		Months Days	R IF UNDER 24 HR Hours Min.
5				10	Male USUAL OCCUPATION (10b. KIND OF BUS	SINESS OR INDUSTR	9/6/1912 Y 11. BIRTHPLACE (City and state or coun	try) 12. CITIZEN O	WHAT COUNTRY
_6	2	11			during most of working Machinest	life, even if retired)	Brunson	Inst. C	o. St. Jo	seph. Mo.	u.s.	Α.
7 /2				13.	. FATHER'S NAME]	HER'S MAIDEN NAM	E	14. NAME	OF HUSBAND OR WIF	E
Ω 1				16	Louis Ralp	h Hall	Ro	se Rapyu	E 17. INFORMANT	Aile	en Hall	
I	2				es, no, or unknown) į (If y					een Hell	Kansas C	ity Mo
7 9 00 1	ש אַנ	11	=	-	NO 18. CAUSE OF DEATH (Enter only one cause per DEATH WAS CAUSED BY:	line for		LITO. MIT	een narr,		MITERIVAL DETWEEN
10 1	- 1		DOCUMEN		PARI I. I	IMMEDIATE CAUSED BY	198	chaqueu	1114746		[`	ONSET AND DEATH
11			ΙŞ			- ,.						
		1 1	IO.	l I			0.		.			11
1200 0 10	Z Z		2		Conditions which gav		» Cau e	ino ma	tasis			4 rues.
$\frac{1290-0}{13}$	INSTEA		2		which gav above ca stating the lying cau	ve rise to buse (a), be under- use last. DUE TO (a	Busue	ino ma Lo genie	Concinon			Yruas.
13 Z	INSTEA		- BO	NOI	which gav above ca stating the lying cau	ve rise to suse (a), se under-	ONDITIONS CONTE	Ling M. & RIBUTNIG TO DEAT	Caucinos H but not related to	the terminal PA	ART III. If deceased there a pregr	Yrues. Yrues. yrues. was female was ancy in last 90 days
13 Z	INSTEA			FICATION	which gav above co stating th lying cau PART II.	ve rise to purpose (a), se under- use last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	ONDITIONS CONTI				there a pregr	nancy in last 90 days. No Unknown
13 Z	INSTEA		Od		which gave above co stating the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED? 2	ve rise to hose (a), le under- use last. DUE TO (c	ONDITIONS CONTI				there a pregn	nancy in last 90 days. No Unknown
13 ENGLISH REGISTRATION OF THE PROPERTY OF THE	INSTEA		Od	L CERTIFI	which gave above ca stating the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED? YES NO	ver itse to louse (a), le under- use last. DUE TO (a OTHER SIGNIFICANT C disease condition given i	ONDITIONS CONTI				there a pregr	nancy in last 90 days. No Unknown
13 NO SERVICE OF THE PROPERTY	INSTEA		Od		which gave above co stating the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED? 2	ve rise to purpose (a), les under- use last. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the condition of the	ONDITIONS CONTI				there a pregr	nancy in last 90 days. No Unknown
13 NO SERVICE OF THE PROPERTY	INSTEA		Od	CAL CERTIFI	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF Hour P.m. 19. WAS AUTOPSY 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	ver itse to louse (a), e under under under under under under use last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	CONDITIONS CONTRIBUTE HOMICIDE	20b. DESCRIBE HO). (Enter nature of inju	there a pregr	nancy in last 90 days. No Unknown
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	INSTEA		OO	CAL CERTIFI	which gave above ca stating the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED? YES \(\text{NO} \text{NO} \) 20c. TIME OF Houl INJURY 8.m.	we rise to juse (a), e under-use (a), e under-use last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	ONDITIONS CONTRIBUTE HOMICIDE OF INJURY (e.g., if factory, street, office	20b. DESCRIBE HO	W INJURY OCCURRED). (Enter nature of inju	there a pregn	ency in lest 90 days. No Unknown II of item 18.)
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	INSTEA		OQ	S MEDICAL CERTIFI	which gave above ca stating the lying cau PART II. 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK I	we rise to louse (a), e under under under under under under use last. DUE TO (c disease condition given i 20a. ACCIDENT SUICID Month, Day, Year 20c. PLACE farm, f	CONDITIONS CONTRIBUTE HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of inju	there a pregn	ency in lest 90 days. No Unknown It of item 18.) STATE
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	READ INSTEAD		OO	Brs MEDICAL CERTIFI	which gave above ca stating the lying cau PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20 20c. TIME OF Hour p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	we rise to louse (a), e under under under under under under use last. DUE TO (c disease condition given i 20a. ACCIDENT SUICID Month, Day, Year 20c. PLACE farm, f	ONDITIONS CONTRIBUTE HOMICIDE OF INJURY (e.g., if factory, street, office	n or about home, se bldg., etc.)	W INJURY OCCURRED 20f. CITY, TOWN, OF 7 - 4 2 an e date stated above, a	D. (Enter nature of inju	there a pregr	nency in lest 90 days. No Unknown II of item 18.) STATE
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	INSTEA		T OF	L. Byers MEDICAL CERTIFI	which gave above co stating the lying cau PART II. 19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF HOW B.m. P.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at 22a. SIGNATURE	Month, Day, Year Month, Day, Year ORK 20e. PLACE farm, for the property of	ONDITIONS CONTRINE HOMICIDE OF INJURY (e.g., in factory, street, office the contribution of the contribut	20b. DESCRIBE HO n or about home, to bidg., etc.) 2	20f. CITY, TOWN, OF a date stated above, a 22b. ADDRESS	C LOCATION d last saw her him alive of and to the best of my	ry in PART I or PART COUNTY COUNTY knawledge, from the	sancy in last 90 days. No Unknown II of item 18.) STATE causes stated. 22c. PATE SIGNED
BLACK INK OR RITER RIBBON	SHOULD READ INSTEAD		T OF	L. Byers MEDICAL CERTIFI	which gave above co stating the lying cau PART II. 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour A.m. P.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at 22a. SIGNATURE	Month, Day, Year Month, Day, Year ORK Cased from (Deg (ONDITIONS CONTRINE OF INJURY (e.g., in actory, street, office to the contribution of	n or about home, bldg., etc.) 2 ob. DESCRIBE HO n or about home, bldg., etc.) 2 ob. DESCRIBE HO n or about home, bldg., etc.)	20f. CITY, TOWN, OF an e date stated above, and all all all all all all all all all al	d last saw her him alive of and to the best of my	county	sancy in last 90 days. No Unknown II of item 18.) STATE Causes stated. 22c. FATE SIGNED (State)
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	NO. SHOULD READ INSTEAD		T OF	Poll. Byers Medical Certifi	which gave above constanting the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED? YES NO 2 20c. TIME OF Hould in the light of the lig	Month, Day, Year Month, Day, Year DORK Cased from (Deg	ONDITIONS CONTRIN PART I (a) E HOMICIDE OF INJURY (e.g., if actory, street, office or title) 23c. NAME OF Memb	n or about home, e bldg., etc.) 2, to /2- m on th 43 26 F CEMETERY OR CRE	20f. CITY, TOWN, OF an e date stated above, and all all all all all all all all all al	d last saw her him alive of and to the best of my RLOCATION CALLER AND	county county	sancy in last 90 days. No Unknown II of item 18.) STATE Causes stated. 22c. FATE SIGNED (State)
RIBBON SUPERIOR STATEMENTS AMERICAN SUPERIOR SU	SHOULD READ INSTEAD		OF	P Byors MEDICAL CERTIFI	which gave above co stating the lying cau PART II. 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour A.m. P.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at 22a. SIGNATURE	Month, Day, Year	ONDITIONS CONTRIN PART I (a) E HOMICIDE OF INJURY (e.g., in actory, street, office of title) 23c. NAME OF 1111e) 23c. NAME OF 1111e) Creek Bl.	n or about home, e bidg., etc.) 2, to /2 - m on th //3 22 F CEMETERY OR CRE rial Par vd. 25. DAT	20f. CITY, TOWN, OF 2 date stated above, a 22b. ADDRESS WALLAW MATORY E RECD. BY LOCAL R	d last saw her him alive of and to the best of my RLOCATION CALLER AND	county county	sancy in last 90 days. No Unknown II of item 18.) STATE Causes stated. 22c. FATE SIGNED (State)

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STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No				
working under my perso	onal supervision.	11	\mathcal{A}			
Student		Signed	en Fowler			
Signat -	ure of Student Embalmer		65015			
	•		Licensed Embalmer No. 4715			
			P. O. Address K 6 Just			

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.